

Entered - 7-19-01- sb
CL 01L0461 - ALEXIS HOLMES

CLAIM OF: **REGINALD SMITH, SR.**
1570 Memorial Drive
Apartment B-14
Atlanta, Georgia 30317

01- *R*-1527

For vehicular damages alleged to have been sustained as a result of a vehicle accident on June 8, 2001 at Boulevard Drive and North Avenue.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **REGINALD SMITH, SR.** the sum of \$784.06 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicle accident on June 8, 2001 at Boulevard Drive and North Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Robert N. C. J. DCA

C-7

RECEIVED JUL 19 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 07-19-01

Holmes
07/19/01
du

Dear Municipal Clerk:

ENTERED - 7-19-01 - SB
01L0461 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 06-08-01 2. Time of Incident: 11:25A 3. Police called: X
(month/day/year) Yes No
4. Location of incident (including street address): Boulevard Drive / North Ave.
5. Name of your insurance company: Acceptance Policy No. UPCN-000014983
6. State what and how incident occurred: The city vehicle came over in my lane and hit my car and kept going and then cut me off at North Ave. and Ponce de Leon Ave

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Chevy Corsica 1996 528-4UT Reginald Smith Sr.
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: NONE
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Reginald Smith Sr.
Signature of Claimant

Reginald Smith Sr.
(Print Claimant's Name)

1570 Memorial Dr. #13-14
(Address)

Atlanta Ga. 30317
(City, State and Zip Code)

404-306-3154 404-378-0960
(Work Number) (Home Number)

New No.
01-E-1527-5101

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0461

Date: 9/13/01

Claimant /Victim REGINALD SMITH, SR.

BY: (Atty) _____

Address: 1570 Memorial Drive Apartment B-14 Atlanta, Georgia 30317

Subrogation: _____ Claim for Property damage \$ 784.06 Bodily Injury \$ _____

Date of Notice: 7/19/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/8/01 Place: Boulevard Drive and North Avenue

Department Public Works Division: Sewer Operations

Employee involved Anderson Thomas Disciplinary Action Pending

NATURE OF CLAIM: The claimant sustained damages to his vehicle when a City vehicle veered over into his lane of traffic and struck his vehicle.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written X Oral X

Pictures X Diagrams X Reports: Police X Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

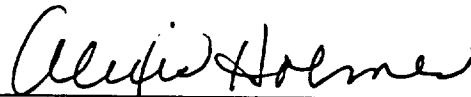
Improper Notice _____ More than Six Months X Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

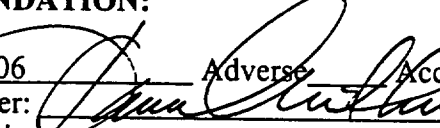
Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 784.06 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 09-13-01

Committee Action: _____ Council Action _____